

SW - 2005-2006

1. Federal Agency and Organization Element to which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0048-DC-2002-11 Bulk Fuel Consolidation Upgrades & Power Generation		OMB Approval No. 0348-0039	Page 1 of 1
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, Alaska 99503					
4. Employer Identification Number 92-6001185	5. Recipient Account Number or Identifying Number 31001		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 2/1/2002		To: (Month, Day, Year) 1/31/2007		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2005 To: (Month, Day, Year) 12/31/2005	
10. Transactions:			I Previously Reported	II This Period	III Cumulative
a. Total outlays			94,687,854	2,123,146	96,811,001
b. Recipient share of outlays (Grant does not have a match requirement)			0	0	0
c. Federal share of outlays			94,687,854	2,123,146	96,811,001
d. Total unliquidated obligations					9,367,967
e. Recipient share of unliquidated obligations					0
f. Federal share of unliquidated obligations					9,367,967
g. Total federal share (Sum of lines c and f)					106,178,968
h. Total Federal funds authorized for this funding period					106,805,899
i. Unobligated balance of Federal funds (Line h minus line g)					626,932
11. Indirect Expense		a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed			
b. Rate		c. Base	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents					
Typed or Printed Name and Title Amy E. McCollum, Accountant V			Telephone (Area code, Number and extension) (907) 269-4629		
Signature of Authorized Certifying Official <i>Amy E. McCollum</i>			Date Report Submitted January 20, 2006		

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Standard form 269A (REV 4-88)

Prescribed by OMB Circular A-102 and A-110

ACCEPTED

